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REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/28/99 2 Serial/Patent # 09/456877

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ <u>666.</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
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<input type="checkbox"/> Petition				\$
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<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>660.</u>	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10 REASON:				
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No Fee Due (Explanation):				

Address → GRAHAM & SAKES LLP.
ATTORNEYS AT LAW
801 S. FIGUEROA ST 14th FL. LOS ANGELES CA

11 REFUND REQUESTED BY:	896017-5554
TYPED/PRINTED NAME:	<u>GARRET DAVIS</u>
SIGNATURE:	<u>G. DAVIS</u>
OFFICE:	<u>OPTS</u>
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APPROVED:	DATE: <u>12/28/99</u>

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